

## **BUSINESS DEVELOPMENT PERMIT**

File#

New	Change in Informa	tion			
				Non-Refundable Fe	ee: \$175.00
Application Information:				*Note:Permit will not be issued the same day as the application receipt	
Name:		Phone #:		Cell #:	
Mailing Address:		City		State:	Zip:
Email:		Fax #:			
Business Information:					
Name:		Business Phone#:			
Business Site Address:			10-1-10	<u>-</u>	
Business Email:			Business Fax:	<del></del>	
Applicant Status: (circle on	e) Owner	Agent	Tenant	Contract Buyer	
Property Owner Information	<b>1:</b>				
Name:		Phone #:		Cell #:	
Mailing Address:		City:		State:	Zip:
Email:		Fax #			
Business Information Cont.:					
Business was established:	Date	Number of Employ	ees (full and pai	rt time):	
Days of Operation:			. Hour	s:	
Business Contact: _			Emergen	cy Contact:	
Emergency Phone:	WALKER MINER TO THE RESIDENCE OF THE SECOND STATES	<del></del>	Number of	paved parking spaces	

City of Kellogg Planning and Zoning Department 1007 McKinley Ave Kellogg, ID 83837 Phone: (208) 786-9131 Fax: (208) 784-1100 kellogg.id.gov

Business Development Permit Checklist:								
(circle one)								
Site Plan, Plat Map and Floor Plan	Yes	No						
Agency Checklist (if applicable)	Yes	No						
Smoke Detectors (if public access)	Yes	No		,				
Fire Extinguishers (if public access)	Yes	No						
Breif Description of Type of Business and Goods/Serv	ices that will l	oe Sold/Provide	d:					
			A CONTRACTOR OF THE PROPERTY O					
knowledgeApplicant's Signature			- Date					
Owner or Representative Signature			Date					
FOR	OFFICIAL US	E ONLY						
Payment: Check # Cash	\$			,				
Received By:			Date:					
Approved:		Declined:						
Approved:		Declined:						